

Screening Form

StudyID

Facility ID

Study participant ID

Date subject signed consent (DD-MM-YY)

Date of visit

Guardian demographic information

First Name

Last Name

Date of birth (D-M-Y)

Sex

- Male
- Female

Tribe

Relationship of the guardian to the child

- Father
- Mother
- Aunt
- Uncle
- Grandparent
- Sister
- Brother
- Cousin
- Other

If "Other" please specify the relationship to the child

Marital status

- Never been married
- Annulled
- Married
- Cohabiting
- Widowed
- Divorced
- Separated

Highest level of education completed

- No education
- Primary
- Secondary
- Tertiary
- Other

If "Other", please specify

Occupation

- Employed
- Farmer
- Trader
- Housewife
- Others

If "Other" occupation, please specify

Religion

Number of children of the mother of the newborn

Guardian's Knowledge of Sickle Cell Disease and Newborn Screening

	Strongly Disagree	Disagree	Neutral/ I don't know	Agree	Strongly Agree
Sickle cell disease (SCD) can be detected at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with SCD can live long lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early detection of SCD is need to provide adequate care for the affected child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that a test for SCD for my child produces the result immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to all the information I need on point of care tests for SCD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The result of a point of care test for SCD is available faster than for other screening methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the screening of babies for SCD at other healthcare facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would recommend the use of point of care tests for SCD at other healthcare facilities

Alongside the point of care test, it is acceptable for a dried blood spot sample to be collected for validation

If someone tests positive for SCD at this healthcare facility it is important that they seek proper medical treatment, either here or at another facility

Do you have any family member with SCD? Yes No I don't know

If your baby tests positive, would you like to enrol the baby in SCD registry? Yes No

If your baby tests positive for SCD, would you be able to bring your baby back for follow-up? Yes No

If "No", please specify _____

Guardian's contact information

Do you have any comments, suggestions or questions? _____
(Final input from the guardian)

Street, City, State, ZIP _____

Important landmark _____

Phone number _____
(Include Area Code)

Second phone number (close relative) _____
(Include Area Code)

Newborn demographics

First Name

Last Name

Date of birth (D-M-Y)

Sex

- Male
- Female

Newborn Screening information

When was the newborn screened?

- At Birthing Facility
- At Immunisation Facility

Screening date (D-M-Y)

Kind of screening test done (Please check all that apply)

- Standard PoCT
- DBS PoCT
- IEF
- HPLC
- Molecular test
- Other

Of "Other" screening test, please specify

Staff member collecting sample(s)
